

## MEMBER APPLICATION

<b>MEMBER NAME</b>		<b>LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>ACCOUNT NO.</b>	<b>DATE:</b>
<b>ACCOUNT TYPE</b>	<input type="checkbox"/> <b>Share Savings</b>				<input type="checkbox"/> <b>Share Draft/Checking</b>	<input type="checkbox"/> <b>Other</b> _____
	<input type="checkbox"/> <b>Holiday Club</b>				<input type="checkbox"/> <b>Summer Reserve/Vacation Club</b>	
	<input type="checkbox"/> <b>All-Purpose Club</b>				<input type="checkbox"/> <b>Certificate</b> (Term) _____	
	<input type="checkbox"/> <b>Money Market</b>				<input type="checkbox"/> <b>IRA</b> (Type) _____	
<b>ACCOUNT SERVICES</b>	<input type="checkbox"/> <b>Debit/ATM Card</b>	<input type="checkbox"/> <b>Other:</b> _____			<b>Overdraft Protection</b> (Sharedraft Only) <input type="checkbox"/> From Shares <input type="checkbox"/> From ODP Loan (must apply) <input type="checkbox"/> Opt out Courtesy Pay	
	<input type="checkbox"/> <b>Internet Branching</b> (Moneylink)					
	<input type="checkbox"/> <b>Audio Response</b>					
<b>MEMBER INFORMATION</b>	<b>STREET</b>					<b>DATE OF BIRTH</b>
	<b>CITY/STATE/ZIP</b>					
	<b>SSN/TIN</b>				<b>DRIVER'S LIC. NO.</b>	
	<b>HOME PHONE</b>				<b>WORK PHONE</b>	
	<b>EMPLOYMENT</b>					
	<b>MOTHER'S MAIDEN NAME</b>				<b>EMAIL</b>	
	<b>ELIGIBILITY FOR MEMBERSHIP</b>					

<b>ACCOUNT OWNERSHIP</b>	<b>DESIGNATE THE OWNERSHIP OF THE ACCOUNTS AND RESPONSIBILITY FOR THE SERVICES REQUESTED</b>					
	<input type="checkbox"/> <b>Individual</b>		<input type="checkbox"/> <b>JOINT ACCOUNT-WITH SURVIVORSHIP</b> - On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.		<input type="checkbox"/> <b>JOINT ACCOUNT-NO SURVIVORSHIP</b> - On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy.	
	<b>JOINT OWNER NAME #1</b> <b>LAST</b> <b>FIRST</b> <b>MI</b>					
	<b>STREET</b>					<b>DATE OF BIRTH</b>
	<b>CITY/STATE/ZIP</b>					
	<b>SSN/TIN</b>				<b>DRIVER'S LIC. NO.</b>	
	<b>HOME PHONE</b>				<b>WORK PHONE</b>	
	<b>EMPLOYMENT</b>					
	<b>MOTHER'S MAIDEN NAME</b>				<b>EMAIL</b>	
	<b>JOINT OWNER NAME #2</b> <b>LAST</b> <b>FIRST</b> <b>MI</b>					
	<b>STREET</b>					<b>DATE OF BIRTH</b>
	<b>CITY/STATE/ZIP</b>					
	<b>SSN/TIN</b>				<b>DRIVER'S LIC. NO.</b>	
	<b>HOME PHONE</b>				<b>WORK PHONE</b>	
	<b>EMPLOYMENT</b>					
	<b>MOTHER'S MAIDEN NAME</b>				<b>EMAIL</b>	

**CREDIT UNION USE ONLY**    Opened/Approved by \_\_\_\_\_    Credit Report ☐    Telecheck: \_\_\_\_\_    Beacon: \_\_\_\_\_

ID Scanned ☐

<b>ACCOUNT DESIGNATIONS</b>	<input type="checkbox"/> <b>PAYABLE ON DEATH (POD) ACCOUNT</b>	
	PAYEE	PAYEE
	ADDRESS	ADDRESS
	SSN	DATE OF BIRTH
	<input type="checkbox"/> <b>TRUST ACCOUNT</b>	
	TRUSTEE	TRUSTEE
	STREET	STREET
	CITY/STATE/ZIP	CITY/STATE/ZIP
	<input type="checkbox"/> <b>VUTMA</b> (as custodian for _____ (name of minor) under the Virginia Uniform Transfers to Minors Act) (Age: _____ ) Minor's SSN _____	
	<input type="checkbox"/> <b>Other</b>	Nature of Owner  <div style="text-align: right; font-size: small;">See Account Authorization Agreement</div>

**How were you referred to Virginia Educators Credit Union?**  
☐ Family/Friend  
 ☐ Employer/Workplace  
 ☐ Advertisement  
 ☐ Event Attended  
 ☐ Other: \_\_\_\_\_

<b>TIN CERTIFICATION &amp; BACKUP WITHHOLDING INFORMATION</b>	By signing below, I certify, in accordance with the IRS W-9 instructions provided by Virginia Educators Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> I am subject to backup withholding  <input type="checkbox"/> Exempt         </div> <div> <input type="checkbox"/> I am not a United States citizen or resident (Complete W-8 form)         </div> </div>
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<b>AUTHORIZATION</b>	By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment Virginia Educators Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Federal Law requires the credit union to verify the information that you give us to open your account. By signing below, you are giving us authorization to verify the required information under the USA Patriot Act.
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<b>MEMBER SIGNATURE</b>	<b>DATE</b>
<b>JOINT OWNER SIGNATURE</b>	<b>DATE</b>
<b>JOINT OWNER SIGNATURE</b>	<b>DATE</b>